



Member Only Application for REALTOR Relief Fund Assistance

Type of Assistance

Assistance is available to Members of the Lawrence Board of REALTORS® for personal loss or hardship. Relief assistance is limited to a maximum of \$1,000 per applicant. Applications may be submitted at any time and will be considered at the discretion of the Board of Trustees of the Lawrence Board of REALTORS Community Foundation.

Eligibility

Applicant must be a current member in good standing of the Lawrence Board of REALTORS.

Confidentiality

All information provided on this application form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. It will not be shared with other parties for any other purpose.

Disbursement of Funds

In order to provide for a reasonable and equitable distribution of funds, assistance will be provided on a first come, first serve basis. All grants are contingent upon the availability of funds.

This application is available online at <https://LawrenceRealtor.com/Foundation>. Additionally, the application can be picked up and/or completed at the Lawrence Board of REALTORS® office at 3838 W 6th Street, Lawrence KS 66049.

Attachment Checklist

Required for All Applicants

1. The Applicant must be a member in good standing of the Lawrence Board of REALTORS®.

One of the Following is Required to Show Proof of Damage to your real or personal property:

- a. Photos of Damages
- b. Insurance Estimate
- c. Copies of Written Claims, Settlement Proceeds or Claim Status Reports
- d. Copies of Repair Estimates from Contractors

GENERAL INFORMATION

Please complete all information to be considered for assistance

Full Name:															
Email Address:															
Street Address of Damaged Property:															
Unit #:															
City:						State:				Zip code:					
Mobile Phone:								Other Phone:							

INFORMATION/DESCRIPTION OF LOSS

Describe damage/loss to your real or personal property and/or personal hardship:

Total Cost of Damage:

\$

Total Uninsured Loss to Property:

\$

If displaced from your primary residence, when do you

expect to be able to return to your home?

IMPORTANT: PLEASE COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT THAN ADDRESS PROVIDED ON PAGE 1.

Street Address:					
Unit #:					
City:		State:		Zip code:	

DECLARATION	
By signing this application, I verify that all the information presented herein is true and correct to the best of my knowledge. I also provided all supplemental documents as	
Print Name of Applicant:	
Signature of Applicant:	
Date:	

Mail or email application with attachments to the attention of:
Lawrence Board of REALTORS® Attn: LBOR Community Foundation Address: 3838 W 6th St, Lawrence KS 66049 Email: Foundation@LawrenceRealtor.com <i>For Inquiries:</i> Phone: 785-842-1843 Email: Foundation@LawrenceRealtor.com

Lawrence Board of REALTORS® Use Only:	
Recommended Amt:	
Signature of President or CEO:	
Special Notes:	



Lawrence Board of REALTORS®
**COMMUNITY
FOUNDATION**
A Stronger Community Through Housing